


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 712413	
1. Entity Name THE TARPON SPRINGS AREA HISTORICAL SOCIETY, INC.	

Principal Place of Business 160 E TARPON AVE TARPON SPRINGS, FL 34689	Mailing Address 160 E TARPON AVE TARPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7335783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOUNTAIN, CAROL 1732 DIXIE HWY TARPON SPRINGS, FL 34689

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000707317 04/24/07 00066 016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOUNTAIN, CAROL 1732 DIXIE HWY TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHEIBLE, ELLEN 979 SPINNAKER CT TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARAPANI, CYNDI 22 N SPRING BLVD TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHIE, ELIZABETH 455 MORGAN ST. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBSON, VALERIE 101 READ ST TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPILMAN, RACHEL 1440 MEYER LN. TARPON SPRINGS, FL 34689

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ellen L. Scheible* **727 943-4624**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #